MA	INTENANCE L	.OG - GI	REASE IN			<u> </u>	
NAM	TE OF FACILITY:					1	
PHO	RESS: NE NO:					WICHITA	
	Date Inspected or Pumped	Time Pumped	Amount Pumped	Disposal Site	Amount of Grease	Amount of Solids	Pumped, Inspected, or Repaired By
Jan							
			+				
Feb							
Mar							
Apr			+				
			1		1		
May							
			1				
Jun			1				
			-				
Jul			+				
Aug							
Sep			+				
	i e	1		i	i	1	

Send in Monitoring Logs Quarterly. Send by 4/15, 7/15, 10/15, and 1/15.

Oct

Nov

Dec

Office: (316) 268-8351 Fax: (316) 858-7787